

REGIONAL INSTITUTE OF EDUCATION (NCERT) MYSURU-570006

NCC ENROLLMENT FORM 2020-2023

- 1. All the students who are desirous of joining NCC along with their Regular Course are required to fill the forms attached and upload your documents in the link.
- 2. At the time of final selection, students are required to produce the original documents and also a set of photocopy of the same.
 - I. Form I (Bio data form)
 - II. Nomination form
 - III. Form II (Application for Enrolment)
 - IV. Medical Certificate
 - v. Cadet Details Google form link https://forms.gle/bjPxh9FqD9ZE9nE66
- 3. Students are not suppose to fill the following areas
 - I. Signature of Enrolling Officer
 - II. Signature of ANO/Head of Institution
- 4. Incomplete/Incorrect forms will be rejected.

Appendix 'A' (Revised 2013) Link-j

FORM I NATIONAL CADET CORPS

	SENIOR DIVISION/WING I	ENROLMENT FORM (See Rules 7 and 11of NCC Act, 1948)	ATTESTED
			PP SIZE COLOR PHOTO
1.	Name (IN BLOCK LETTERS)		
4			
2.	Nationality & Date of Birth (DD/MM/YYYY)		
3.	Father's/guardian's Name		
4.	Mother's Name		
5.	Residential Address (Landmark, State, Distt		
	Taluka, City/Vill, Pin Code)		
6.	Mobile No.		
7.	e-mail id		
8.	Blood Group		
9.	Sex		
10.	Nearest Railway Station		
51 2012			
11.	Nearest Police Station		
12.	Educational qualifications & Marks in (%)	CLASS- NARKS-	
13.	Identification Marks (at least two)		

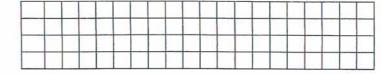
- 14. Have you ever been convicted by a criminal court & if so in What circumstances and what Was the sentence? Attach relevant documents.
- 15. Name of School/College and Stream (Arts/Science/ Commerce)
- Willing to be enrolled and 16. undergo training under the National Cadet Corps Act, 1948
- 17. NCC Unit to be enrolled in
- 18. Have you been enrolled in NCC earlier.If yes, Your Enrolment No.
- 19. Have you been dism NCC/the Territorial A Indian Armed Forces Provide details:-
- 20. Next of Kin with address (with relationship) Telephone No. (O)/(R) (as applicable)

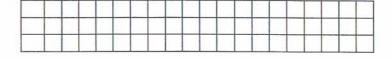
21. Banker's detail/IFSC Code :

22. Bank Acct No of Cadet/Parent

23. Aadhaar/L

24. PAN Card







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No	(If allotted)						1								
	(In anotiou)	L	L	 	 	 	 			_	_	1	1	-	_

Place:

Date :

(Signature of the applicant)

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Army/the					-		
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Appendix 'B' (Refers tom para 3 of DG NCC letter No. 19952/DG NCC/CWS dated 28 Apr 2000 as amended.

NOMINATION FORM

FOR MEMBERSHIP FOR THE NCC CADETS WELFARE SOCIETY (To be retained at NCC Gp HQ)

Section-I

(1) 1, Cadet (Name in Block letters)	Son/daughter of
Shri (Name in block letters)	a student of class of
(Name of College /School)	on my enrollment with the
NCC on (Date) with (Name of the Unit)	apply for membership
of the NCC Cadets Welfare Society and hereby subscribe a sum of Rs.	. 10/- (Rupees ten only) towards its
membership fee.	

(2) My Father/Mother/Guardian's occupation is and the annual income of my family from all sources is Rs. per annum.

(3) I understand that I shall be entitled to financial relief determined by the Governing Body / Managing Committee of the above Society in the event of partial / permanent disablement sustained by me while participating in an organized NCC activity. I hereby accept that the decision of the Governing Body / Managing Committee with regard to the quantum of relief to be paid to me in the event of my partial / permanent will be final and binding to me.

(4) I hereby nominate the following persons who will receive financial assistance as per the share indicated and as determined by the Governing Body / Managing Committee of the above society which will be final and binding on the following person (s) in the event of my death while in an organized NCC activity.

SI. No.	Name of the Nominee/ Nominees (In Block letters)	Age	Relationship with the cadet	Permanent address of the nominee	Percentage of financial assistance payable
1.	e n e ^e X . 3				
2.					

(to be filled by the Cadet in own hand writing)

5. My membership in the Welfare Society and this Nomination Form will be valid only till such time. I remain in a cadet in the Division or Wing of the NCC to which I have been enrolled.

Date Place

(Full Signature of the Cadet)

Section - II

Place

Date

Signature of ANO / Head o Institution

Section - III

Date

Place

1.....

Signature

Witness

Full signature of Father/Mother/ Guardian (with complete address)

Witness

2.....Signature

(Full name and address of Office seal of the witness) (Full name and address of Office seal of the witness)

Note: The witness should be either gazetted officer, head of the institution/ANO/Sarpanch/Village head.

Section - IV

Received a sum of Rs. 10/- (Rupees Ten only) as one time subscription and enrolled as a member at the NCC Cadets Society during the cadetship in the Junior/Senior Division/Wing.

Place : Mysore

Date

(Signature of the OC unit with Office Seal)

Section - V

(To be filled by the NCC Unit)

	10 St 20 HT		
	Form	Link-W	
	National Cadet Corps Junior Div (See Rules 7	vision/Wing Enrolment Form	рното
	APPLICATION FOR	RENROLMENT	(Passport size)
1.	What is your Name ? (in Block Capitals)	1	······
2.	What is your *Parent/Guardian's name and address?	2 Address	
3.	Are you a citizen of India, or a subject of Nepal ?	3	
4.	What is your Village, Tehsil or Taluka and District ?	4. Village Tehsil or Taluka District @. PIN CODE	
5.	What is your Post Office ?	5	
6.	What is your Railway Station ?	6	
7.	What are your educational Qualifications ?	7	
8.	What is your age & Date of birth ?	8	
9.	In which school are you now studying ?	9	
10.	Are you willing to be enrolled under the National Cadet Corps Act, 1948 ?	10	
11.	Are you willing to serve in the National Cadet Corps until discharged as provided in the Act ?	11	
12.	In which unit do you desire to be enrolled ?	12	
13.	Are you willing to undergo service training as specified in the Act and the rules made thereunder ?	13	
14.	Have you ever previously applied for enrolment under the Act, and if so with what result ?	14	

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14.	Are you willing to serve in the National Cadet Corps until discharged as provided In the Act ?	14
15.	Have you ever previously applied for enrc'ment under the Act, and if so with what result ?	15
16. @	Have you been dismissed from the National Cadet Corps, the Territorial Army or the Indian Armed forces.	16
17.	Next of kin with address (With relationship) Telephone No. (O) / (R) (as applicable)	17
@ Plac Date		SIGNATURE OF THE APPLICANT

NOTE :@

These are not included in the Form I of NCC Act & Rules

*Delete word inapplicable.

DECLARATION ON ACCEPTANCE FOR ENROLMENT

- 1. isclemnly declare that the answers I have given to the questions in this form are true and that no part of them is false, and that I am willing to fulfil the engagement made.
- 2. I______promise that I will honestly and faithfully serve my country and abide by the Rules & Regulations of the National Cadet Corps that I will, to the best of my ability, attend all parades and camps as may be required by the Commanding Officer from time to time.

@ Place : Date :

Signature of the applicant

DECLARATION BY PARENT / GUARDIAN

- @
- I solemnly declare that the answers given in this form are true and that no part of them is faise, and that my *son/daughter/ward is willing to fulfil the engagement made.
- promise that after the enrolment of my * son / daughter / ward. I will have no claim on authorities for any compensation in the event of any injury or death due to accident during training camps, courses, travelling and while on YEP or any other such NCC events like RDC and IDC.
- 3. I understand my *son / daughter / ward has no service liability.

@ Place : Date :

Signature of the Parent / Guardian

CERTIFICATE

Certified that the applicant and his *Parent / guardian understand and agree to the conditions of enrolment.

> Signature of Enrolling Officer (Unit Commander)

© Place : Date of Enrolmant....... (Unit Seal)

For Minors only. Score out inapplicable portion

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

@ Place :

Signature

Date :

Designation	
	(Modical Officer)

(Medical Officer)

TO BE USED FOR EXTENSION OF ENROLMENT

(See Rules 13)

My *son / daughter / ward agrees to extend the enrolment for on year and is willing to fulfil the engagement made.

@ Place : Date :

Signature of Parent / Guardian

Confirmed.

Signature of Headmaster

@

Place :

Date from which extension starts.....

NOTE : This form will be retained in the school in which the unit is located.

* Delete word inapplicable

WD. P.22/22-7-13, GDPM, 16,000 Copies

Medical Certificate

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

Place:

Signature.....

Date:

Designation.....

(Medical Officer)